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PTO/SB/21 (08-00)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	36	Application No.	09/141,210
		Filing Date	August 27, 1998
		First Named Inventor	Phillip E. Mattison
		Group Art Unit	2621
		Examiner Name	Yoseff Kassa
		Attorney Docket Number	42390P4817

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Technology Center 2600

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<div style="border: 1px solid black; padding: 5px;">Declaration Pursuant to 37 CFR 1.131; Exhibits A-E; Check in the amount of \$400.00; Return Postcard</div>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Raul D. Martinez, Reg. No. 46,904 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	October 9, 2002

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Box Fee Amendment, Assistant Commissioner for Patents, Washington, D.C. 20231 on: October 9, 2002

Typed or printed name	Lillian E. Rodriguez
Signature	
Date	October 9, 2002

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MIB

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 400.00)

Complete if Known

Application Number	09/141,210
Filing Date	August 27, 1998
First Named Inventor	Phillip E. Mattison
Examiner Name	Yoseff Kassa
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O P T E

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METHOD OF PAYMENT (check one)

Check Credit card Money Order Other None
 Deposit Account

Deposit Account Number **02-2666**Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
101	740	201	370
106	330	206	165
107	510	207	255
108	740	208	370
114	160	214	80
SUBTOTAL (1)		(\$)	

2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
	20	-	20** = 0	X 18.00 = \$0.00	
	5	-	5** = 0	X 84.00 = \$0.00	

Large Entity	Small Entity	Fee Description	
Fee Code	Fee (\$)	Fee Description	
103	18	203 9 Claims in excess of 20	
102	84	202 42 Independent claims in excess of 3	
104	260	204 140 Multiple Dependent claim, if not paid	
109	84	209 42 **Reissue independent claims over original patent	
110	18	210 9 **Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$ 0.00)	

**or number previously paid, if greater. For Reissues, see below

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
105	130	205 65 Surcharge - late filing fee or oath	
127	50	227 25 Surcharge - late provisional filing fee or cover sheet	
139	130	139 130 Non-English specification	
147	2,520	147 2,520 For filing a request for ex parte reexamination	
112	920 *	112 920 * Requesting publication of SIR prior to Examiner action	
113	1,840 *	113 1,840 * Requesting publication of SIR after Examiner action	
115	110	215 55 Extension for reply within first month	
116	400	216 200 Extension for reply within second month	
117	920	217 460 Extension for reply within third month	
118	1,440	218 720 Extension for reply within fourth month	
128	1,960	228 980 Extension for reply within fifth month	
119	320	219 160 Notice of Appeal	
120	320	220 160 Filing a brief in support of an appeal	
121	280	221 140 Request for oral hearing	
138	1,510	138 1,510 Petition to institute a public use proceeding	
140	110	240 55 Petition to revive - unavoidable	
141	1,280	241 640 Petition to revive - unintentional	
142	1,280	242 640 Utility issue fee (or reissue)	
143	460	243 230 Design issue fee	
144	620	244 310 Plant issue fee	
122	130	122 130 Petitions to the Commissioner	
123	50	123 50 Prospecting fee under 37 CFR 1.17(q)	
126	180	126 180 Submission of Information Disclosure Stmt	
581	40	581 40 Recording each patent assignment per property (times number of properties)	
146	740	246 370 Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249 370 For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279 370 Request for Continued Examination (RCE)	
169	900	169 900 Request for expedited examination of a design application	
Other fee (specify)			

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 400.00)

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Raul D. Martinez	Registration No. (Attorney/Agent)	46,904	Telephone (310) 207-3800
Signature	<i>Raul D. Martinez</i>	Date	10/09/02	

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